

**Issue Classification**

(Assistant Examiner) (Date)  
 (Legal Instruments Examiner) (Date)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original	
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	2	1	32	34	62		92		122		182
	3	9	33	18	63		93		123		183
	4	16	34	20	64		94		124		184
	5	2	35	23	65		95		125		185
	6	3	36	27	66		96		126		186
	7	4	37	32	67		97		127		187
	8	5	38	35	68		98		128		188
	9	6	39		69		99		129		189
	10	7	40		70		100		130		190
	11	8	41		71		101		131		191
	12	10	42		72		102		132		192
	13	11	43		73		103		133		193
	14	12	44		74		104		134		194
	15		45		75		105		135		195
	16	13	46		76		106		136		196
	17	14	47		77		107		137		197
	18	15	48		78		108		138		198
	19	17	49		79		109		139		199
	20	19	50		80		110		140		200
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	22	22	52		82		112		142		202
	23	24	53		83		113		143		203
	24	25	54		84		114		144		204
	25	26	55		85		115		145		205
	26	28	56		86		116		146		206
	27	29	57		87		117		147		207
	28	30	58		88		118		148		208
	29	31	59		89		119		149		209
	30	33	60		90		120		150		210